

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-invoice



IRN : ea7ef02484d3a80dd4a3a40ab26a210628b4d0588dae9-74de3e0276a7a012fa5
 Ack No. : 172415919391547
 Ack Date : 1-Oct-24

ANCHOR FAB B - 4/2, Okhla Industrial Area, Phase-II, New Delhi-11 GST NO.07ABAPS2131D1Z7 ISO 9001:2015 Delhi - 110020, India GSTIN/UIN: 07ABAPS2131D1Z7 State Name : Delhi, Code : 07 E-Mail : pulkit77@hotmail.com	Invoice No. AF/480/24-25	Dated 1-Oct-24
	Delivery Note	Mode/Terms of Payment
Consignee (Ship to) DCDC Health Services Pvt Ltd. DIST. HOSPITAL AURAIYA, CHICHOLI VILLAGE Uttar Pradesh - 206122, India GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09	Reference No. & Date.	Other References
	Buyer's Order No. 148-092024-27459	Dated 4-Sep-24
Buyer (Bill to) DCDC Health Services Pvt Ltd. C-185, 1st Floor, Mayapuri Industrial, Area, Phase -2, New Delhi. Delhi - 110064, India GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07 Place of Supply : Delhi	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination AURAIYA
	Bill of Lading/LR-RR No.	Motor Vehicle No. DL2ES0010
	Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	620429	4 Set	400.00	Set	1,600.00
						40.00
						40.00
	SGST 2.5%					
	CGST 2.5%					
	Stock/No. of Boxes Received Subject to Physical Check Name/Employee Code Centre Name Date/Time Signature M. No.					
	Total		4 Set			₹ 1,680.00 E. & O.E

Amount Chargeable (in words)
INR One Thousand Six Hundred Eighty Only

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
1,600.00	2.50%	40.00	2.50%	40.00	80.00
Total:		1,600.00		40.00	80.00

Tax Amount (in words) : **INR Eighty Only**

Remarks:
BILLNO.480
Declaration
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Company's Bank Details
A/c Holder's Name : **ANCHOR FAB**
Bank Name : **HDFC BANK LTD**
A/c No. : **03372020000609**
Branch & IFS Code : **MAA ANANDMAYI MARG OKHALA INDL PH 110000337**
ANCHOR FAB

Customer's Seal and Signature

Prepared by _____ Verified by _____

